

FILED

JUL 24 2017

CLERK U.S. BANKRUPTCY
COURT, DIST. OF AZ

Jointly Admin
2:10-bk-24919 SB

azb_3011-1 (4/17)

Debtor: Ken Plein

Case No.: 2:10-bk-24921

Joint Debtor:
(if any)

MARY Plein

Chapter:

APPLICATION FOR UNCLAIMED FUNDS

1. Claim Information

Application is hereby made for disbursement of the following previously unclaimed funds on deposit with the court for the benefit of the claimant named below.

Amount:

800 plus

I Think it is 830⁰⁰

Claimant's Name:

Jeffrey L Andersen

Claimant's Address:
(at time claim was made)

531 Oak Ave S.E.
St. Michael Mn 55376

*Provide documentation that Claimant resided or did business at this address.

Claimant's Current
Address:
(if different from above)

22003 Gable Drive
Osakis MN 56360

Last 4 digits of Claimant's
SSN or Complete EIN

6592

2. Applicant Information

The applicant is:



The individual claimant named above. Photo identification is attached.



An individual authorized to act on behalf of the corporation, partnership, limited liability company, or other artificial entity named above. Documentation showing authority to make this application is attached.



The legal representative of the claimant named above. An original, notarized power of attorney is attached, or, if the claimant is deceased, a certified copy of a letter of administration or probated will is attached.



The successor in interest to the claimant named above. Documentation showing entitlement to the funds through sale, amendment, merger, or dissolution is attached.



The payee's taxpayer information (Form W-9) is attached. No payment will be made unless a completed and signed Form W-9 is submitted with the application.

3. Service on United States Attorney

The undersigned understands that a copy of this application and supporting documentation must be sent to the United States Attorney at the following address:

Office of the United States Attorney
District of Arizona
2 Renaissance Square
40 North Central Avenue, Suite 1200
Phoenix, AZ 85004

4. Declaration

The undersigned declares, under penalty of perjury, that the information contained in this application and any accompanying documentation is true and correct. I also understand that, pursuant to 18 U.S.C. § 152, I may be fined not more than \$250,000, or imprisoned not more than 5 years if I have knowingly and fraudulently made any false statements in this document or provided false documentation as part of this application.

July 17, 2017

Date


Signature of Applicant

Jeffrey I Andersen

Printed Name of Applicant

Date

Signature of Applicant

Printed Name of Applicant

Phone: _____

Address: _____

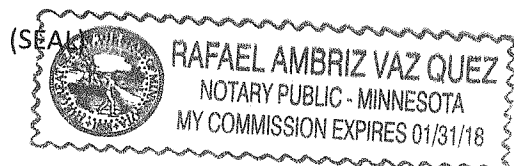
Email: _____

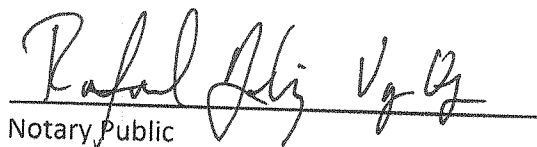
5. Notarization

STATE OF MINNESOTA, COUNTY OF DOUGLAS

This 2-page Application for Unclaimed Funds, dated 7/18/17, was subscribed and sworn to

before me this 18 day of July, 20 17 by Jeffrey I Andersen,
who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be
the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.




Notary Public

My commission expires on: Jan 31 2018

File this application with the court at the following address:

UNITED STATES BANKRUPTCY COURT
DISTRICT OF ARIZONA
230 NORTH FIRST AVENUE #101
PHOENIX AZ 85003